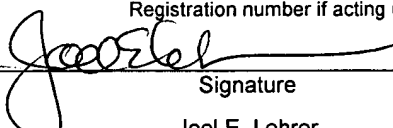




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|   |   |                                     |                         |
|---|---|-------------------------------------|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | Docket Number (Optional)<br>SMD-002 |                         |
| Application Number<br>09/912,403  |   | Filed<br>July 26, 2001              |                         |
| For <b>ENCRIPTION PROCESSING FOR STREAMING MEDIA</b>  |   |                                     |                         |
| Art Unit<br>2137  |   | Examiner<br>Nguyen, Minh Dieu T.    |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |                                     |                         |
|   |   | <u>Fee</u>                          | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$120                               | \$60 \$ 120.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450                               | \$225 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020                              | \$510 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590                              | \$795 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160                              | \$1080 \$               |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |                                     |                         |
| <input checked="" type="checkbox"/>   | A check in the amount of the fee is enclosed.   |                                     |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |                                     |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                     |                         |
| <input type="checkbox"/>  | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-1700</u> . I have enclosed a duplicate copy of this sheet. |                                     |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |   |                                     |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |                                     |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>56,401</u>  |   |                                     |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |   |                                     |                         |
| <br>Signature  |   | October 11, 2006<br>Date            |                         |
| Joel E. Lehrer<br>Typed or printed name   |   | (617) 570-1057<br>Telephone Number  |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |                                     |                         |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted.  |                                     |                         |

10/12/2006 CNGUYEN 00000064 09912403

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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|  |  |                          |                      |
|--|--|--------------------------|----------------------|
| <b>Effective on 12/08/2004.</b><br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2006</b> |  | <b>Complete if Known</b> |                      |
|  |  | Application Number       | 09/912,403           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Filing Date              | July 26, 2001        |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>120.00</b>  |  | First Named Inventor     | William M. Raike     |
|  |  | Examiner Name            | Nguyen, Minh Dieu T. |
|  |  | Art Unit                 | 2137                 |
|  |  | Attorney Docket No.      | SMD-002              |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |   |
| <input checked="" type="checkbox"/> Check  | <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |
| <input type="checkbox"/> Deposit Account   | Deposit Account Number: <u>07-1700</u> Deposit Account Name: <u>Goodwin Procter LLP</u>   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)     |   |
| <input type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee   |
| <input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments   |

|   |                    |                              |   |                              |                                  |                              |                       |
|---|--------------------|------------------------------|---|------------------------------|----------------------------------|------------------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                    |                              |   |                              |                                  |                              |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                    |                              |   |                              |                                  |                              |                       |
|   | <b>FILING FEES</b> |                              | <b>SEARCH FEES</b>                                      |                              | <b>EXAMINATION FEES</b>          |                              |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>    | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>   | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>                  | <b>Small Entity Fee (\$)</b> | <b>Fees Paid (\$)</b> |
| Utility   | 300                | 150                          | 500   | 250                          | 200                              | 100                          |                       |
| Design  | 200                | 100                          | 100   | 50                           | 130                              | 65                           |                       |
| Plant   | 200                | 100                          | 300   | 150                          | 160                              | 80                           |                       |
| Reissue   | 300                | 150                          | 500   | 250                          | 600                              | 300                          |                       |
| Provisional   | 200                | 100                          | 0   | 0                            | 0                                | 0                            |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                    |                              |   |                              |                                  |                              |                       |
|   |                    |                              |   |                              |                                  | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>       |
| <b>Fee Description</b>  |                    |                              |   |                              |                                  |                              |                       |
| Each claim over 20 (including Reissues)   |                    |                              |   |                              |                                  | 50                           | 25                    |
| Each independent claim over 3 (including Reissues)  |                    |                              |   |                              |                                  | 200                          | 100                   |
| Multiple dependent claims   |                    |                              |   |                              |                                  | 360                          | 180                   |
| <b>Total Claims</b>   |                    | <b>Extra Claims</b>          | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>         | <b>Multiple Dependent Claims</b> |                              |                       |
| _____ - 20 = _____  |                    | x _____                      | = _____   |                              | <b>Fee (\$)</b>                  |                              | <b>Fee Paid (\$)</b>  |
| HP = highest number of total claims paid for, if greater than 20.   |                    |                              |   |                              |                                  |                              |                       |
| <b>Indep. Claims</b>  |                    | <b>Extra Claims</b>          | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>         |                                  |                              |                       |
| _____ - 3 = _____   |                    | x _____                      | = _____   |                              |                                  |                              |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                    |                              |   |                              |                                  |                              |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                    |                              |   |                              |                                  |                              |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                              |   |                              |                                  |                              |                       |
| <b>Total Sheets</b>   |                    | <b>Extra Sheets</b>          | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>              | <b>Fee Paid (\$)</b>             |                              |                       |
| _____ - 100 = _____   |                    | /50                          | _____ (round up to a whole number) x _____              | = _____                      |                                  |                              |                       |
| <b>4. OTHER FEE(S)</b>  |                    |                              |   |                              |                                  |                              |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                    |                              |   |                              |                                  | <b>Fees Paid (\$)</b>        |                       |
| Other (e.g., late filing surcharge): _____ Petition for One-Month Extension of Time   |                    |                              |   |                              |                                  | 120.00                       |                       |

|                     |                |                                   |                  |
|---------------------|----------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                |                                   |                  |
| Signature           |                | Registration No. (Attorney/Agent) | 56,401           |
| Name (Print/Type)   | Joel E. Lehrer | Telephone                         | (617) 570-1057   |
|                     |                | Date                              | October 11, 2006 |

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